



To nominate a physician to participate in Aetna Inc.'s provider network, complete the form below. Prior to submitting your nomination, check to see if your physician already participates in the Aetna network by checking DocFind (www.aetna.com/docfind/custom/mymeritain) or asking the provider about his/her network status.

The nomination process may take up to 3-6 months. Providers must satisfy our business needs and requirements including, but not limited to, Aetna's credentialing and contracting requirements. This nomination does not guarantee that the provider will be accepted into the network.

Please use this form to nominate an individual medical provider only. Please do not submit nominations for groups, facilities or IPAs.

This form is not applicable to dental provider nominations.

Your Information:

Name: (Last, First, Middle I): [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Employer: [Click here to enter text.](#)

Provider Information:

Provider Name: (Last, First, Middle I): [Click here to enter text.](#)

Specialty Type: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Address 2: [Click here to enter text.](#)

City: [Click here to enter text.](#)

State: [Click here to enter text.](#)

Zip: [Click here to enter text.](#)

County: [Click here to enter text.](#)

Physician Office Phone Number (999-999-9999): [Click here to enter text.](#)

Return Form To:

AetnaNetworkAnalytics@aetna.com

Please ensure that you receive a response within 24 hours confirming the receipt of your provider nomination from this mailbox, otherwise your nomination may not have been received.